

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY
P.O. Box 1360, Frankfort, KY 40602
Phone: (502)564-3296, Fax: (502)564-4818

SUPERVISION TEMPORARY PERMIT FORM

All applicants applying for a temporary permit to practice as an occupational therapist or occupational therapy assistant under the supervision of a certified occupational therapist shall have this letter completed and signed.

THE INDIVIDUAL WILL NOT BE ABLE TO BEGIN WORK UNTIL THE TEMPORARY PERMIT IS APPROVED BY THE BOARD AS A PART OF THE REGULARLY SCHEDULED MEETING.

This is to verify that _____ will be under my supervision while practicing occupational therapy under a temporary permit in the Commonwealth of Kentucky. According to KRS 319A.100 and 201 KAR 28:130, I understand the following:

- I shall be responsible for all occupational therapy treatment outcomes.
- The client's care shall always be my responsibility.
- Supervision shall be available at all times.
- At least thirty (30) minutes of face-to-face supervision shall be provided daily for the temporary permit holder.

Beginning Date

Signature of Supervisor

Name of Employing Facility

Printed Name

Address of Employing Facility

KY License No. & Expiration Date

City, State, Zip

Date of Signature

Telephone Number & Email Address

NOTE: According to 201 KAR 28:180: A temporary permit holder who is working towards becoming licensed as an occupational therapist or occupational therapy assistant who has been unsuccessful in passing the NBCOT or equivalent certification examination for a second time shall have the temporary permit revoked by the board.